

EXHIBIT J

BP-A0714

APR 10

NOTICE OF RELEASE AND ARRIVAL

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Inmate Name PATEL, BABUBHAI	Reg No. : 46049-039 FBI No. : 130013EB9 073570903 (Misc No.)	Institution/Address CHERRY STREET SERVICES, INC 8333 TOWNSEND, DETROIT, MI. 48213
Release Date 02/08/2026	Release Method GCT REL	
Public Law Days	Supervision to follow release: (If yes, advise inmate of Obligation to Report for Supervision) <input checked="" type="checkbox"/> Yes (3 Years Months) <input type="checkbox"/> No	

RELEASED TO: (Check one)

<input type="checkbox"/> Community Transportation arranged to : _____ (City and State) Method of transportation : _____ (Name of common carrier or other) Date of expected arrival at residence : _____	<input type="checkbox"/> Detainer Detaining Agency : _____ Agency Address : _____
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SUPERVISION JURISDICTION(S)

Sentencing District Chief/Director : Antony Merolla Supervision Agency : _____ District : Eastern Michigan Address : 231 W Lafayette Blvd Detroit, MI 48226 Phone : () _____	District of Residence (for relocation cases) Chief/Director : _____ Supervision Agency : _____ District : _____ Address : _____ Phone : () _____
Address of proposed residence: _____ _____ _____	

DNA STATUS

DNA sample required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES date sample taken 08/20/2011	DNA Number MIL03911
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Obligation to Report for Supervision: If you were sentenced to, or otherwise required to serve, a term of supervision this term begins immediately upon your discharge from imprisonment, and you are directed to report for supervision within 72 hours. If you are released from a detaining authority, you shall report for supervision within 72 hours after your release by the detaining authority. If you can not report for supervision in the district of your approved residence within 72 hours, you must report to the nearest U.S. Probation Office for instruction. Failure to obey the reporting requirements described above will constitute a violation of release conditions.

Inmate's Signature (file copy only)

Distribution:

Inmate Central File (Section 5), Inmate, Chief Supervision Officer in Sentencing District, Chief Supervision Officer in District of Residence, and U.S. Parole Commission (if applicable)

Sequence: 149070

Conditions of Furlough - Inmate's Copy

1. I will not violate the laws of any jurisdiction (federal, state, or local). I understand that I am subject to prosecution for escape if I fail to return to the institution at the designated time.
2. I will not leave the area of my furlough without permission, with exception of traveling to the furlough destination, and returning to the institution.
3. While on furlough status, I understand that I remain in the custody of the U.S. Attorney General. I agree to conduct myself in a manner not to bring discredit to myself or to the Bureau of Prisons. I understand that I am subject to arrest and/or institution disciplinary action for violating any condition(s) of my furlough.
4. I will not purchase, possess, use, consume, or administer any narcotic drugs, marijuana, intoxicants in any form, nor will I frequent any place where such articles are unlawfully sold, dispensed, used, or given away.
5. I will not use any medication that is not prescribed and given to me by the institution medical department for use or prescribed by a licensed physician while I am on furlough. I will not have any medical/dental/surgical/psychiatric treatment without the written permission of staff, except where an emergency arises and necessitates such treatment. I will notify institution staff of any prescribed medication or treatment received in the community upon my return to the institution.
6. I will not have in my possession any firearm or dangerous weapon.
7. I will not get married, sign any legal papers, contracts, loan applications, or conduct any business without the written permission of staff.
8. I will not associate with persons having a criminal record or with those persons who I know are engaged in illegal occupations.
9. I agree to contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness.
10. I will not drive a motor vehicle without the written permission of staff. I understand that I must have a valid driver's license and sufficient insurance to meet any applicable financial responsibility laws.
11. I will not return from furlough with any article I did not take out with me (for example, clothing, jewelry, or books). I understand that I may be thoroughly searched and given a urinalysis and/or breathalyzer and/or other comparable tests upon my return to the institution. I understand that I will be held accountable for the results of the search and test(s).
12. It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds.
13. Special Instructions:

PDF

Prescribed by PS 5280

Replaces BP-291 of SEPT 1999

FILE IN SECTION 5 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 5

Sequence: 149070



Inmate's Photo
Conditions of Furlough

- (a) An inmate who violates the conditions of a furlough may be considered an escapee under 18 U.S.C. § 4082 or 18 U.S.C. § 751, and may be subject to criminal prosecution and institution disciplinary action.
- (b) A furlough will only be approved if an inmate agrees to the following conditions and understands that, while on furlough, he/she:
- (1) Remains in the legal custody of the U.S. Attorney General, in service of a term of imprisonment;
 - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
 - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating any conditions(s) of the furlough;
 - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must pre-authorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
 - (5) Must contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness; and
 - (6) Must comply with any other special instructions given by the institution.

Special Instructions:

It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds. (Note: Additional conditions may be added to Special Instructions as warranted).

- (c) While on furlough, the inmate must not:
- (1) Violate the laws of any jurisdiction (federal, state, or local);
 - (2) Leave the area of his/her furlough without permission, except for traveling to the furlough destination, and returning to the institution;
 - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
 - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
 - (5) Have any medical/dental/surgical/psychiatric treatment without staff's written permission, unless there is an emergency. Upon return to the institution, the inmate must notify institution staff if he/she received any prescribed medication or treatment in the community for an emergency;
 - (6) Possess any firearm or other dangerous weapon;
 - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
 - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
 - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid drivers license and proof of appropriate insurance; or
 - (10) Return from furlough with anything the inmate did not take out with him/her (for example, clothing, jewelry, or books).

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's Signature: PATEL, BABUBHAI

Reg. No.: 46049-039

Date: 04/10/2020

Signature/Printed Name of Staff Witness: See Signature Page, BP-A02911S

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Inmate's Name PATEL, BABUBHAI	Register No. 46049-039	Institution (address and phone number) TERRE HAUTE FCI 4200 BUREAU ROAD NORTH TERRE HAUTE, IN 47808 (812) 238-1531
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APPLICATION

Purpose of Visit Transfer to Residential Reentry	Sentry Assignment FURLTRANS	Date/Time of Departure 04/24/2020 09:00	Date/Time of Return N/A
Furlough Address (include name of responsible party if applicable): CHERRY STREET SERVICES, INC, 8333 TOWNSEND, DETROIT, MI. 48213			
Telephone No. (Including Area Code): 313-579-5824			
Point of Contact for Emergency TERRE HAUTE FCI	Method of Transportation POV	Detainer/Pending Charges Yes No <input checked="" type="checkbox"/> No	Verified by (CSM Staff) Meneely, M.

NOTE TO APPLICANT: You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone: (812) 238-1531

UNDERSTANDING

I understand that if approved, I am authorized to be only in the area of the destination shown above and at ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from the custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item of contraband or illicit material that is found. I have read or had read to me, and I understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLOUGH as set forth on the reverse of this form.

See Signature Page, BP-A0291IS

See Signature Page, BP-A0291IS

PATEL, BABUBHAI

Witness Unit Secretary	Signature of Applicant 04/10/2020
Title	Date Signed

ADMINISTRATIVE ACTION

Information Verified by C. Purdue	Title Case Manager
Name Of USPO Notified Anthony Merolla	Date of Notification 04/10/2020
Does USPO Have Any Objections to Furlough? (If so, explain)	

APPROVAL

Approval for the above named Inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of furlough is from 04/24/2020 09:00 to 04/24/2020 16:30	As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be approved to participate in this furlough. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature of CMC Fortune, Lynn A.
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Chief Executive Officer (Name & Date) - Approval and signature certifies CIMS Clearance
☒ Approval ☐ Disapproval Lammer, Brian P, Warden, 04/13/2020
 Reason(s) for disapproval:

RECORD

Date/Time Released: 04/24/2020 09:00	Date/Time Returned: N/A
Travel Schedule: Depart FCC Terre Haute via POV on 4-24-20 at 9:00 am. Report to the RRC no later than . Patel, Son	